

RATHBARRY STUD

FERMOY, CO.CORK, IRELAND.

TELEPHONE: 353 - 25 - 36362. FAX: 353 - 25 - 36602

e-mail:rathbarr@iol.ie

This Mare Form must be completed by the Mare owner or his / representative.

Owner's Name:
Address:
Tel:
Fax:
Mare is resident at:
Name of Vet surgeon:
Tel:
Fax:
E-Mail address:

Stallion:
Mare's Name:
Colour: Year of birth:
By:
Out of:
Pedigree Reference:
In Foal To:
Barren To:
Last Service Date:
Slipped To:
Date Slipped:
Passport Number:

HAS THE MARE ever had (if so, when)
Yes No A jaundiced foal
Yes No Any infectious or contagious disease
Yes No Virus Abortion
Yes No Contagious Metritis
Yes No Been in foal at 42 days and later barren
Has ANY of your mares been on a stud affected with:
Yes No Virus Abortion
Yes No Contagious Metritis
Yes No Strangles
When your mare travels to Rathbarry Stud, please remember to send her passport, C.E.M. Swab & E.V.A. certificates & E.I.A Certificate.

Previous Breeding Record
2011
2010
2009
2008
Foaling Information:
Yes No Will your mare foal at Rathbarry Stud
Yes No Has the mare been stitched
Yes No Vaccinated against Tetanus (/ /)
Yes No Vaccinated against Pneumabort(/ /)
Yes No Mare last dosed for worms (/ /)
Any history of foaling problems:

Address to which Invoices are to be sent to or made out to and/or information if different from details above:
Any special instructions:

I the undersigned agree that the Stud Owner shall have the right in the event of a suspected or confirmed outbreak of a contagious disease, to control (to include absolute prohibition of) all movement of animals and vehicles and unauthorised persons in or out of the Stud or any lands used in connection therewith.

Date: _____ Signature of mare owner, or representative _____

NOTE: Every care will be taken with your Mare/Foal, but no responsibility whatsoever is accepted for any accident disease, injury or death to the Mare and / or Foal whilst visiting the Stud. This document is private and confidential between the mare owner & the stallion owner / manager.